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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	PU020128
	<b>First Named Inventor</b>	S. Choksi, et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEFLECTION SUPPLY VOLTAGE FEEDBACK CONTROL IN CONJUNCTION WITH FREQUENCY CHANGE**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/374,281	04/19/2002	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	P.O. Box 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609) 734 - 6812	(609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	SNEHALI		Family Name or Surname	CHOKSI	
Inventor's Signature	<i>[Signature]</i>			Date	MAY 13, 2003 X
Residence: City	State	Country	Citizenship		
Fort Wayne	IN	USA	IN		
Mailing Address 7539 Mill Run Road					
Mailing Address					
City	State	ZIP	Country		
Fort Wayne	IN	46819	USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ROBERT JOSEPH		Family Name or Surname	GRIES	
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Indianapolis	IN	USA	USA		
Mailing Address 6143 Irwin Court					
Mailing Address					
City	State	ZIP	Country		
Indianapolis	IN	46237	USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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<b>Name</b>	JOSEPH S. TRIPOLI		
<b>Address</b>	THOMSON MULTIMEDIA LICENSING INC.		
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USA	(609) 734 - 6812	(609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name SNEHALI

Family Name CHOKSI  
or SurnameInventor's  
Signature

Date

Residence: City  
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INCountry  
USACitizenship  
IN

Mailing Address 7539 Mill Run Road

Mailing Address

<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Fort Wayne	IN	46819	USA

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name ROBERT JOSEPH

Family Name GRIES  
or SurnameInventor's  
Signature

Date

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USACitizenship  
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<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Indianapolis	IN	46237	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KEVIN MICHAEL		WILLIAMS	
Inventor's Signature <i>Kevin Michael Williams</i>		Date 6/15/03	
Residence: City <u>Indianapolis</u>	State <u>IN</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address 6101 N. Primrose Avenue			
Mailing Address			
City <u>Indianapolis</u>	State <u>IN</u>	ZIP <u>46220</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID ROSS		JACKSON	
Inventor's Signature		Date	
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Mailing Address 4422 Abby Creek Lane			
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City <u>Indianapolis</u>	State <u>IN</u>	Zip <u>46205</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
Inventor's Signature		Date	
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Mailing Address 18561 Wychwood Place			
Mailing Address			
City <u>Noblesville</u>	State <u>IN</u>	Zip <u>46060</u>	Country <u>USA</u>

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KEVIN MICHAEL		WILLIAMS	
Inventor's Signature		Date	
Residence: City	Indianapolis	State	IN
Country	USA	Citizenship	USA
Mailing Address 6101 N. Primrose Avenue			
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City	Indianapolis	State	IN
ZIP	46220	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID ROSS		JACKSON	
Inventor's Signature 		Date 15 May 2003 x	
Residence: City	Indianapolis	State	IN
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Mailing Address 4422 Abby Creek Lane			
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
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Given Name (first and middle (if any))		Family Name or Surname	
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Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
<b>Inventor's Signature</b> <i>Robert Goah Watson III</i>		<b>Date</b> 5/13/03	
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